

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. 10/089857	FILING DATE	
						APPLICANT(S)		
CLAIMS								
AS FILED	AFTER		AFTER		IND.	DEP.	IND.	DEP.
	1st AMENDMENT	IND.	DEP.	2nd AMENDMENT				
1						51		
2						52		
3						53		
4						54		
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42						92		
43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
TOTAL IND.	1					TOTAL IND.		
TOTAL DEP.		↓	↓	↓	↓	TOTAL DEP.	↓	↓
TOTAL CLAIMS	1	████████	████████	████████	████████	TOTAL CLAIMS	████████	████████